EINDOL THE LOCAL COURSE OF THE PROPERTY STREET, STREE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY Howard MARYLAND Marvland Pages b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Ellicott City .5 Ellicott City bon papers. within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Baltimore National Pike Baltimore National Pike 9Pine Orchard (Pine Oroberdy) within letely carbon NAME DE Middle DATE DECEASED (Type or print) DEATH July 19 66 Taila Mav Blacksten 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min 7. MARRIED NEVER MARRIED Months | Hours any Female White WIDOWED A DIVORCED [Sept. 21.1890 E 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR sician lease r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY At Home Frederick Co. Md. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Yingling Susan Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. Address (Yes, no, or unknwn) (If yes give war or dates of service) No Mrs. Evelyn Affeldt Cemetery Lane . E. C. Md None 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Carcinoma of the pelvis with generalized IMMEDIATE CAUSE (a) been signed the burial-trior to burial, c metastasis , diverticulitis with rupture of the Conditions, If any, which gave rise to immediate DUE TD diverticulum, colostomy and cardiac arrest. cause (a), stating the July 11 underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health p PERFORMED? certificate NO T 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for Dept. of P 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. 19.65 to July 11 . 19.66 . that (I) (we) last ECTOR: 3 should with the and that death occurred at 7:15M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING X July 11, 1966 DIRECTOR pa PHYSICIAN'S FUNERAL 22d. ADDRESS director, p NAME (Type) Howard E. Hall. Maryland BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Soecify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 4-7966 Burial Creek Cemet 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR .C. Higinbothom Ellicott City VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10014 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth. signed by the ottending physicion ond completely filled in by the funeral burial-transit permit. Then please remaye corban papers. Pages I and burial, cremotian, or reproval, and in any event, within 72 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission o. COUNTY Maryland Anne Arundel Howard MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. write RURAL and give neorest town) ty Pasadena d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Dakland Rt 11 Box - 40 N/Home NO YES 3. NAME OF Middle Lost DATE Month Doy Year DECEASED July LILLIAN BORN 66 M. 1.0 (Type or print) 19 DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months 14 March Whate Female WIDOWED DIVORCED 1890 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Balto.Maryland Homemaker ownhome 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Jacob Mary (unknown) Fmerick 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service 05-0113 Emory J. Born 1/ Same as # 2 no 18. CAUSE OF DEATH (Enter only one couse per line/for 10), (b), and (c). INTERVAL BETWEEN ONTET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse be retoined by the hospitol or offending os the TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL-DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CFRTIFICATION NO for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m foctory, street, office bldg., etc.) While of work of work 21. I certify that (I) (this hospital) attended the deceased fram should saw the degeosed alive on Justin 1019 66 and that death occurred at 3.2 M, from courses and on the date stoted obove. 22o. SIGNATURE 22b DATE SIGNED DIRECTOR director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREDEE: HU. 1 3334 MANE OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Balto. Aurial 7/13/66 Ralto. Cemetery Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Singleton Funeral Home/ Glen Burnie, Md. 1956 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after Howard N.Y. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b À hours Woodhaven Ellicott City = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? within 8616 Oakland Nursing Home 75th Street NO A YES etely executed within pou NAME OF DATE Middle Month Day Year First Comftastt DECEASED comple ve car .O.Y (Type or print) DEATH 5. SEX 18949. AGE (In years | IFUNDER 1 YEAR last birthday) | Months 1 Days 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED [NEVER MARRIED and c Hours Female WIDOWED A DIVORCED Feb. 19.1883 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR UNDUSTRY 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician n please r val, and in death certificate be COUNTRY? Brooklyn.N.Y. At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Antone Schubert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address o (Yes, no. or unknwn) I (If yes give war or dates of service) Harry F. Tourte, 120 Dunloggin Rd. E.C. Md. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH ransit igned by rial-transi PART I. DEATH WAS CAUSED BY: or attending physician. IMMEDIATE CAUSE (a) has been signed as the burial-tr prior to burial, o DUE TO eac Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS (VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) 20c. TIME OF NJURY Month, Day, Year After thid be detailed by State D factory, street, office bldg., etc.) Hour a.m While retained by p,m. at work at work g aftended the deceased from certify that (i) (this hospital) DIRECTOR: age 3 should lied with the M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED SIGNATURE 22b. ATTENDING DIRECTOR PHYS. may pa PHYSICIAN'S ADDRESS 22d. director, p NAME (Type) Christian S. Mass, M.D. 687 Balto. Nat'l. Pike. EllicottCity BURIAL, CREMATION, REMOVAL (Specify) 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 2 Cyphress Hill Brooklyn. N. Y. Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. F.C. Higinbothom. Ellicott VR A15 (4) 20M 1/65

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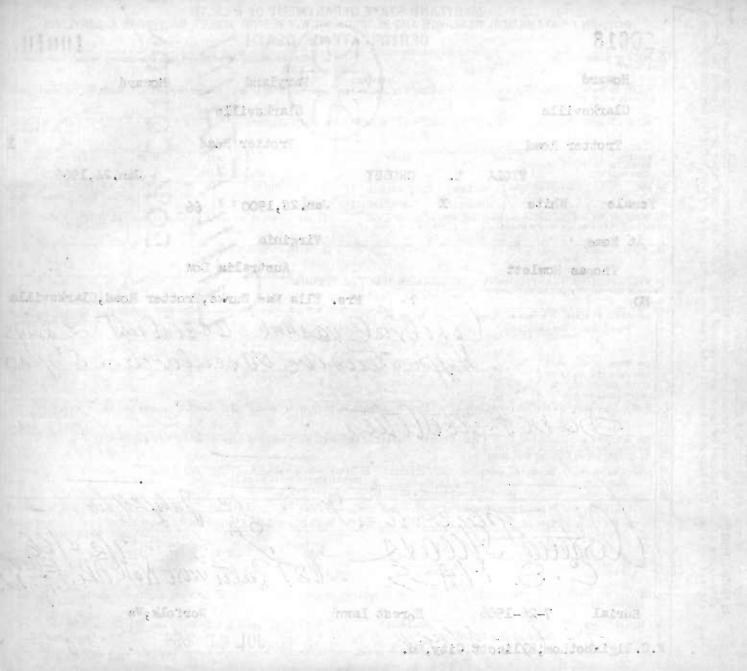
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0016 hours after death ond within 24 hours after deat physician and completely filled in by the funerol en please remove corbon papers. Poges 1 ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COLINTY HOWARD **HOWARD** MARYIAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKRIDGE ELKRIDGE IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 21227 5828 VIRLONA AVENUE 5828 VIRLONA AVENUE 21227 YES NOXX 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED 66 LOUISE CONTER DEATH JULY E. (Type or print) requires that the death certificate be executed AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED XX NEVER MARRIED lost birthdoy) Months Dovs and in ony WIDOWED DIVORCED 3-8-1890 FEMALE WHITE a AISUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? ng most of working life, even if retired)
HOUNEWIFE INDUSTRY LUXEMBOURG 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PIERRE BAUSTERT ELIZABETH 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) MR. JULES G. CONTER, 5828 VIRLONA AVENUE #27 NONE 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retoined by the hospitol or ottending this certificate hos been ed for use as the of Heolth prior to lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING □ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work ot work FUNERAL DIRECTOR: After pe 21. I certify that (1) (this haspital) attended the deceased fram 21010 24, 180 1966 that (1) (we) last 1964, and that death accurred at 300 M, from causes and an the date stated above saw the deceased glive an Ital 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS DR. BRUCE BRUMBAUGH 5609 MAIN STREET NAME (Type) 23o. BURIAL, CREMATION, REMOVAL (Specify) BURTAL 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) AUGUSTINE'S CEMETERY MARYLAND BALTIMORE 7-7-66 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 1966

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY hours after Homard MARYLAND Marvland Howare b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenels Glenels etely filled in bon papers. within 72 hg d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO completely pou 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED July 9,1966 HOWARD GRAFTON (Type or print) CRIST DEATH 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5 SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH Male White WIDOWED [Jan. 5, 1892 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? Farming Retired Howard Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward L.Crist Rachel Hobbs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Irene Crist.Glenelg.Md 216-36-6139 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH requires that the signed by urial-transit PART I. DEATH WAS CAUSED BY: or attending physician. Coronary thrombosis Instant IMMEDIATE CAUSE (a) been sight the burial tra DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) PHYSICIAN: The law 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) tached f OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. retained by at work at work 1960 to 7/9 P 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966 saw the deceased alive on and that death occurred at 1. A.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL director, p should be 1 NAME (Type) Clarksville, Maryland 21029 Charles S. Whitaker, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 9 REMOVAL (Specify) 7-12-1966 Mt. View Alpha, Md Buria] REC'D BY REGISTRAR ADDRESS 25b. REGISTRAR'S SIGNATURE Higinbothom, Ellicott City, Mi VR A15 (4) DATE 20M 1/65

TO STORY miecofD-AT Seplitant M .00 August 100 market 100 Nov. Link uddol fedomi Jairy . I demand 216-76-4199 Mees Trune Got et, diemale, ME Charles S. Walthren, M.J. Charley 11 10, Maryland Blutte and the second weight - 7-12-1966 No. View Billy to continue to the control of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. after, death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 urs after Howard Marvland MARYLAND c. CITY OR YOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Clarksville Clarksville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Trotter Road Trotter Road NO 3 YES within event, with 3. NAME DF First Middle Last DATE Month Day DECEASEO comple (Type or print) CROSBY DEATH VIOLA Jan 24 1966 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO remove 5. SEX AGE (In years) IF UNOER 1 YEAR IIF UNOER 24 HRS. 8. OATE OF BIRTH 9. last birthday) | Months | Oavs Hours and Female White WIDOWED A OIVORCEO [10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Virginia 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME remova Australia Dow Thomas Howlett 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Ella Mae Burke, Trotter Road, Clarksville cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSOT AND DEATH law requires that the been signed by the burial-transit or to burial, crems PART I. OEATH WAS CAUSED BY: the hospital or attending physician. OLL IMMEDIATE CAUSE (a) OUF TO excellar Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating underlying cause last. has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOA 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ö Dept. (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m While Not While retained by 19 at workp.m DIRECTOR: Af age 3 should I led with the S certify that (I) (this hospital) attended the fleceased and that death occurred at 5 9 M. from the causes and on the date stated above. the deceased alive on SIGNATUR page filed ATTENDING PHYS. STAFF M.O. DIRECTOR тау PHYS. PHYSICIAN' director, p 32d. ADD NAME (Type) Page 4 BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 Forest Lawn 7-26-1966 Burial Norfolk, Va FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE VR A15 (4) .C. Higinbothom, Ellicott City, Me 20M 1/65



1. PLACE OF							(Where deceased live			before odmission
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	COTT C		f not in basnital	, give street address)		Baltimo	ore		-	1 a IS DESIDENCE
		NOR HOSP		, give sireer dooress,			epwood Ro	ad 2	1218	e. IS RESIDENCE ON A FARM? YES NO X
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luring most a	CUPATION (G working life	Give kind af wark do e, even if retired) Э 🎌	nne 10b.	KIND OF BUSINESS OF INDUSTRY Chool	R	11. BIRTHPLACE (Sto	te ar fareign country)		12. CITIZI COUN	EN OF WHAT
13. FATHER'S		. White	(dec)		14. MOTHER'S MAIDEN	e Yoke			
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Items 18&21 Film 379 8-17MARYLAND STATE DEPARTMENT OF HEALTH

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filled in by papers. Pa		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
within 2 letely fi rbon pa	3	CARLAND MUTSING HOME 171-12-Box 640 Margate) YES NO X
be executed within 24 hours is sician and completely filled in by pagers. Pagand in any event, within 72 hours		NAME OF DECEASED (Type or print) Wilhelmina C. FI-Eburget DEATH July 6, 1966
executed and con remove	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
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na it		18. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c), 1 PART I. DEATH WAS CAUSED BY: ONS ET AND DEATH ONS ET AND DEATH
that ician ned b l-trar II, cra		1 IMMEDIATE CAUSE (a) POLICY COLOR C
PHYSICIAN: The law requires that the the hospital or attending physician. this certificate has been signed by t detached for use as the burial-transit e Dept. of Health prior to burial, crema	1	Conditions, If any, which gave rise to Immediate (b) Conditions of the conditions of
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ospit certi hed t	CERT	202 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAYSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the hospit TO FUNERAL DIRECTOR: After this certificator, page 3 should be detached should be filed with the State Dept. of	MEDICAL	20c. TIME DF MUURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, Farm, 20f. (City or town) (County) (State)
ING 1 by After be State	MED	p.m. 19 at work at work
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DR AT be rel DIRECT Se 3 s ed wit	1	22a/ SIGNATURE 22b. DATE SIGNED
ral on may by bage page		22c. PHYSICIAN'S DIRECTOR PHYS.
Page 4 may be to FUNERAL DIRECTOR, page 3 should be filed w		NAME (Type) Christian S. Mass, M. D. 687 Balto. Nat'l, Pike, Ellicott City
Pag Pag ro Fl dire shot	23	A. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Md (State)
	2	4. FUNERAL DIRECTOR / 1946 (cler) HAVEN MEM' JAK. CLEN BUTME MC ADDRESS 125a. REC'D BY REGISTRAR'S SIGNATURE
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY a. STATE b. COUNTY MARYLAND MARYIAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town ELLICOTT CITY d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE Levton ON A FARM? YES NO Year DECEASED (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. st birthday) WIDOWED X DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) SALESMAN RETIRED BALTIMORE M. MARYLAND LISA 13. FATHER'S NAME HARRY GLICK ANNIE WEINBERG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service MR. GABE GLICK. 7239 PARK HEIGHTS 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO cause lest. CERTIFICATION PERFORMED? NO 2Da. ACCIDENT WAS UND REYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year fectory, street, office bldg., etc. While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from CCT saw the deceased alive on. 22b. DATE 220. SIGNATURE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type IRVING J. TAYLOR, M.D. TAYLOR MANOR HOSPITAL. ELLICOTT CITY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0.58 REMOVAL (Specify) MARYIAND BURTAI 7/13/66 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 1SM 7/61 LEVINSON & BROS. INC., 6010 REISTERSTOWN

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RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. CQUNTY b. COUNTY d 2 b JON AIR D MARYLAND b, CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) WASHINGION ELLICOH d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? NURSING 1 AYLOR YES NO 3. NAME OF Middla DATE Month DECEASED (Type or print) DEATH 19 10 7. MARRIED NEVER MARRIED 1/B. 5. SEX 6. COLOR 9. AGE (In yaors | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Temal 4 WIDO WED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 0 e/1200 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WALLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unknwn) | (If yas giva war or dates of servica) 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiata cause DUE TO (a), steting the underlying causa last. PART II. OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO L 206. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of ifam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg. etc.) Hour am Not-While at work at work 19 .W. M. 19(.C), that (1) (we) last (I) (this hospital) attended the deceased from IV. and that death occured and OM, from the causes and on the date stated above. /deceased 22a. SIGNATURE IGNED ATTENDING PHYS. DIRECTOR PHYS. page with t 22d. ADDRESS eath. Pag 22c. PHISICIAN' 687 Balto. Nat'l. Pike. Ellicott Citv. Christian S. Mass, M.D. NAME (Type) filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF る寺る REMOVAL \(Specify) 2 1966 256. REGISTBAR'S SIGNATORE ADDRESS VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

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	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares Ellicott City / 3	-1-
0	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Davis Road		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle DECEASED (Type-or print) HENRY CLAY SCRIVNOR	Lost 4. DATE Month Day OF JULY 11,1966	
S.	Male White WIDOWED DIVORCED	6-22-1880 9. AGE (In years last birthday) yrs. FUNDER 1 YEAR Manths Days	Hours M
dur	usual Occupation (Give kind of work done ng mast of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Woolen Mill	11. BIRTHPLACE (State or foreign country) Carroll County, Md 12. CITIZEN OF COUNTRY?	
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. (Y	s. ng. grupknawn) ((If yes give war ar dates of service)	NFORMANT Address Lwood Scott, Davis Road, Ellicott Ci	Ltv.Md
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	420/ DUE TO	Cardio Vascular Disease 10) years
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	PRIMARY □ or CONTRIBUTING □	Enter nature of injury in Part I or Part II of item 1B.)	
	CAUSE OF DEATH.		
MEDICAL CERTIFICATION	20c. TIME OF INJURY Manth, Day, Year Haur a.m. 20d. INJURY OCCURRED 40e. PLACI While Nat While facta	E OF INJURY (Hame, farm, ary, street, affice bldg., etc.) 20f. (City ar tawn) (Caunty)	(State
	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19 20d. INJURY OCCURRED While Nat While at wark 21. I certify that I took charge of the remains described above, held death resulted fram: Natural causes Accident , Suicid	d on Autopsy, Inspection, Inquiry, ond de, Hamicide, Undetermined manner	l in my opir

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1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	YLAND
# E22	10025 CERTIFICATE OF DEATH	017
after death, the funeral ges 1 and 2 after death	1. PLACE OF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residen a. STATE b. COUNTY	ece before admission)
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in by the s. Pages hours aft	write RURAL and give nearest town)	give nearest town)
hours d in by	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE
24 ho filled in papers.	3 Font Hill Drive 3 Font Hill Drive	ON A FARM?
ted within 24 h completely filled se carbon papers event, within 72	3. NAME OF First Middle Last 4. DATE Month Da	
withii npletely carbon ent, wit	DECEASEO (Type or print) RUTH E. SHUBERT DEATH July 1,1966	19
ecuted wand complements of complements of care care my event,	5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
and	Female White Widowed Diversed 7-31-1890 75 yrs.	
physiclan physiclan please al, and m	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEI (COUNTRY) 12. CITIZEI (COUNTRY) 13. BIRTHPLACE (County & State, or foreign country) 14. BIRTHPLACE (County & State, or foreign country) 15. CITIZEI (COUNTRY) 16. CITIZEI (COUNTRY) 17. BIRTHPLACE (County & State, or foreign country) 18. CITIZEI (COUNTRY) 18. CITIZEI (COUNTRY) 19. CITIZEI (COUNTRY)	N DF WHAT
ate hysi ple il, a	At Home Hartleton, Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
certifica Iding pl Then remova	Ammon A.Loss Emma Lucas	
cer endir t. T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address	
e death certificate be executed within the attending physician and completely it permit. Then plesse remove carbon nation, or removal, and meany event, with	(Yes, no, or unknown) (If yes give war or dates of service) ? Mrs. Joseph C. Boulder, Ellicott City,	Md.
at the deal ian. d by the al ransit pern cremation,	O.	TERVAL BETWEEN
an. an. d by rans cren	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nait
The law requires that the or attending physician. ate has been signed by thouse as the burial-transit is alth prior to burial, cremating	154X DUE TO PACE OLIVER 1	·
ph si phr	Conditions, If any, which gave rise to Immediate (b) Occurry of Conditions Occurry of Conditions S	Mutos
requir ding p been the p	cause (a), stating the DUE TD Question source test of the DUE TD	
law re attendii has be as th		9. WAS AUTDPSY
CIAN: The lassificate of the for use for use to the for use to the for use to the for use to the for use the formula the formu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) DR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	PERFORMED? YES ND ND
pital pital d for of He	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Contributing Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICIAN: the hospita this certifi detached fo e Dept. of H		
the this deta	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED And While at work at	(State)
d by t After d be d s State		
	21. I certify that (I) (this hospital) attended the deceased from 1965 to VUNE 30, 1966,	
	saw the deceased alive on ULHE 34 1966, and that death occurred at 1230 M, from the causes and on the deceased alive on 122b. DATES	
OR DIR	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	
RAL Park Park Park Park Park Park Park Park	22c. PHYSICIAN'S 22d. ADDRESS	1 217
HOSPITAL Page 4 may FUNERAL director, pa	MINING JUMERUS LE MON AT 1000	10 MM)
Page 4 mai ro FUNERAL director, pa should be fi	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Burial 7-5-1966 Municipal Cometery Grand Junction, Col 24. FUNERAL DIRECTOR ADDRESS 125a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE
VR AI5 (4)	F.C. Higinbothom, Eldicott City, Md DATE JUL 5 1966 Clearly	0
20M 1/65	DAIL 20 1000 FOR	A Judge

40 J. O. O. L. I TOWN HALL DRIVE SOPRE THE WALL THE P TELHURE NUTUE Year a first to the sale of . H. mieloval. 4 3110 Bool. Br. Wogers C. Boulder, Williams City, Md. as white a second of the PRINCIPLE SCHOOLS IN I THE PRINCIPLE STATE STATE OF THE S 7-6-1986 Puniation Datatory Sent Annetion John. bl. 510 odobiND .mc23oom etm.

1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR 10026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	YLAND 10018
	1.	PLACE OF DEATH a. COUNTY ACCOUNTY MARYLAND Ponne Adam 2. USUAL RESIDENCE (Where deceased lived, if institution: Resi b. COUNTY Ponne Adam	7
		b. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Dayton MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) Gettysburg	5-3
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) n the woods nr. junction of lighland Rd. & Tridelphia Rd. Rt.4	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED GEGEASED (Type or print) LOUDEN SAMUEL YOUM SEX [6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH [9. AGE (in years IFUNDER 1)	
		Male White WIDOWED DIVORCED Mar. 22.1902 64 yrs.	
		USUAL OCCUPATION (Give kind of work done lob. Kind of Business or lindustry log most of working life, even if retired) Saw Mill FATHER'S NAME 10b. Kind of Business or lindustry lindustry locution in the lindustry lindustry locution lindustry lindustry locution lindustry lindustry lindustry locution lindustry	NTRY?
	16	Samuel Yocum Minnie Barkley WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) 193-01-5350 Albert D. Yocum, Rt 4 Gettysburg, Pa.	
		18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the cause (a), stating the underlying cause last. (c)	INTERVAL BETWEE ONSET AND DEATH Instant
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPS PERFORMEO? YES NO
		20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) CAUSE OF DEATH.	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) p.m. 19 at work at work	y) (State
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, death resulted from: Natural causes, Aprident, Suicide, Homicide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	and in my opini
	23a	NAME (Type) GOORGE E-BURGCORT M D CHUNCH ROLL MARK COURT (BURGL), MCOUNTY) JULY BURIAL, CREMATION 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	6,1966 ty) (State)
	24.	REMOVAL (Specify) Burial 7-9-1966 Mc Cullochs Mills Tuscor Township, Per FUNERAL DIRECTOR FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	Hi	FUNERAL DIRECTOR Simbothom, Ellicott City, Md. Table Surface Color Paragraphics The Honey Funeral Home, Honey Grove, Paragraphics The Honey Funeral Honey Grove, Paragraphics The	les judge

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